

DISENROLLMENTS

WS-DS1

[illegible]

Standard: 95 percent correct.

Determination: Transfer results of this sample to the appropriate requirements at DS01 - DS19 of the *Review Guide*. See Column Explanations for coded requirements related to specific columns.

Requirements: 42 CFR 422.74(a)(2) states that an M+CO Organization may not, orally or in writing, or by any action or inaction, request or encourage a Medicare enrollee to disenroll, except under the following circumstances: the Medicare enrollee: ~~(a)~~ moves outside of the Medicare-approved service area or continuation area for more than 12 6 months; ~~(b)~~ is deceased; ~~(c)~~ loses Part A or Part B entitlement; or, ~~(d)~~ the M+C Plan terminates or reduces its service area or continuation area. In addition, 422.74(b) states that an M+CO Organization may disenroll an individual for ~~(a, b, c or d)~~ failure to pay premiums, commits fraud or permits abuse of their membership card or for cause. 422.66(b)(1)(ii) provides that a Medicare enrollee may disenroll at any time by giving the M+CO Organization a signed, dated request in the form and manner prescribed by HCFA. ~~the M+C Organization.~~ With the exception of an election made during a Special Enrollment Period, the enrollee may not request a disenrollment date earlier than the first day of the month following the month in which the M+CO Organization received the request. See M+C Manual Chapter 3, Section 3.6 OPL 99.100 for specific rules on disenrollment effective dates for OEP and AEP elections.

Purpose: To ~~assure~~ ensure the M+CO Organization does not request/encourage a Medicare enrollee to disenroll, except for conditions outlined in regulations. To ~~assure~~ ensure the M+CO Organization submits a disenrollment notice to HCFA promptly after Medicare enrollee appropriately gives notice to disenroll from the M+C Organization and to ~~assure~~ ensure that all disenrollments are processed according to regulations.

Sample: Develop universe to include all disenrollment actions submitted by M+CO Organization and accepted/rejected by HCFA during six month period ending with the month prior to the scheduled visit. These are identified by Transaction Code "51" on the *HCFA Monthly Transaction Reply/Monthly Activities Report* listings. [If specificity is needed to pull sample, look for codes: 13 (Disenrollment accepted as submitted), 25 (Disenrollment accepted, claim number change), 26 (Disenrollment accepted, name change), 51 (Disenrollment rejected, invalid date), 52 (Disenrollment rejected, duplicate transaction), 53 (Disenrollment rejected, before current enrollment), 54 (Disenrollment rejected, retroactive date), 81 (Part B termination), and 84 (Disenrollment date change).]

From this universe, the reviewer will select 30 cases in accordance with random selection methods discussed in the *Review Guide* Instructions, under Sampling Methodology. (**Note: During focused reviews, HCFA staff may elect to increase sample sizes to 100 cases or more, as deemed appropriate by the Agency.**) Five to seven (5-7) days before the site visit, the reviewer will notify the M+CO Organization of the specific units of analysis. The M+CO Organization shall have the entire enrollee file which contains the documentation related to the disenrollment for the selected cases available upon the reviewer's arrival on site. If the sample does not provide enough of either voluntary or involuntary disenrollment cases or enough concrete data on the procedures followed by the M+CO Organization in processing these disenrollments, increase the number of files reviewed.

Instructions: Utilize *HCFA Monthly Transaction Replies/Monthly Activity Report* listings and the M+CO's Organization's internal systems membership information (or hard copy listings) to obtain and compare information on disenrollment actions. Where indicated, access claims processing and premium payment history for disenrolled enrollees.

Column Explanations:

Name/HI Number: Self-explanatory.

V or I? Was the termination voluntary (V) or involuntary (I).

Termination Reason: Self-explanatory.

Date M+CO Organization Rec'd.: Date termination notice submitted to any component of the M+C Organization or its affiliated providers. The date of receipt ~~receipt~~ should be clearly indicated (i.e date stamped).

Prop Term Not Corr./Timely? Was the proposed termination notice correct? Did the notice contain the correct effective date (the first of the next month if received by the 10th of the month or the first of the following the month if received after the 10th) based on when the M+CO received the enrollee's request. - see M+C Manual Chapter 3, section 3.6 for exceptions), instructions on where to obtain services prior to the effective date, and did the M+C Organization include a copy of the enrollee's written request? Per Section 619 of BIPA, disenrollment should always be effective the first of the month after receipt as of 6/1/2001. **Transfer result to DS01.**

Verify Proc. Corr.? Was verification process correct? *Failure to Pay Premiums:* verify if enrollee was delinquent and delinquency promptly identified and appropriate notice issued in a timely manner.

Move Outside the Service Area: identify if M+CO Organization made attempts to follow up on information indicating an out-of-area address. **Disruptive behavior:** When enrollee was terminated for cause, verify if M+CO Organization made attempts to resolve the problem or establish that the problem was not due to extenuating circumstances, and the case was approved by HCFA Regional Office before submission of termination to HCFA. *Fraud and Abuse:* establish if follow up was done on problem before issuing preliminary termination letter, and verify if M+CO Organization sent case to the Regional Office. (See 42 CFR 422.74(d)(3)(iii) and M+C Manual Chapter 3, section 5.2 OPL 99.100. **Transfer result to DS06-DS18**

Term Date: Show the effective termination date (date on proposed letter, final letter, and *HCFA Monthly Transaction Reply/Monthly Activity Report* listings). If different, explain in comments.

Premium Refund Due and Sent? Was a premium refund due to the enrollee, and if so, was it sent? If the enrollee had paid a premium for any months subsequent to the month of disenrollment (or the month they should have been disenrolled), then verify that the M+CO Organization refunded the full amount paid. **Transfer result to Membership - MB03.**

Date Final Term Letter: Date letter was sent if appropriate (422.74(c)), (i.e., for reasons other than death or loss of entitlement to Parts A and/or B). **Transfer result to DS02 03.**

Comments: Self-explanatory.